


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 742988
1. Entity Name
GULF HEIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4120 BELAIR LANE #101 NAPLES, FL 34103 US	Mailing Address 4120 BELAIR LANE #101 NAPLES, FL 34103 US
--	--



07132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0037523	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIESEL, DIANE
4120 BELAIR LANE
#101
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIESEL, DIANE 5911 BRITTANY VALLEY RD LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLTER, BEVERLY 8522 CHELTENHAM CIRCLE LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, CLIFFORD BRYANT WOODS/24 RIDGEWOOD DR. ATKINSON, NH 03811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100010373950
07/22/05-80002-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly M. Kolter **7/10/05** **502-426-4251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #